

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) REPORT For use of this form, see AR 608-75; the proponent agency is OACSIM				REQUIREMENT CONTROL SYMBOL CSGPA-1730	
PART A - INSTALLATION/MACOM IDENTIFYING DATA					
1. INSTALLATION MAILING ADDRESS <i>(Include ZIP Code)</i>		2. NAME OF MACOM		3. REPORTING PERIOD _____ - _____ <i>(Month-Year) (Month-Year)</i>	
4. NAME OF INSTALLATION EFMP COORDINATOR <i>(Last, first, MI)</i>	5. GRADE OF INSTALLATION EFMP COORDINATOR	6. RANK OF INSTALLATION EFMP COORDINATOR	7. TELEPHONE NUMBER OF INSTALLATION EFMP COORDINATOR DSN _____ COMMERCIAL <i>(Include area code)</i> _____		
8. NAME OF DPCA OR DCA	9. GRADE OF DPCA OR DCA	10. RANK OF DPCA OR DCA	11. SIGNATURE OF DPCA OR DCA		
12. NAME OF MTF COMMANDER <i>(or designee)</i>	13. RANK OF MTF COMMANDER <i>(or designee)</i>		14. SIGNATURE OF MTF COMMANDER <i>(or designee)</i>		
PART B - FISCAL DATA					
SECTION I - FUND ALLOCATION					
15. ARMY COMMUNITY SERVICE (ACS) DOLLARS OMA QACS MDEP _____ NONAPPROPRIATED FUND ALLOCATION _____			16. ARMY MEDICAL DEPARTMENT (AMEDD) DOLLARS DEFENSE HEALTH PROGRAM (DHP) MDEP HSHC _____ OTHER <i>(Specify)</i> _____ TOTAL APPROPRIATED FUND ALLOCATION _____		
SECTION II - OPERATIONAL COSTS					
			ACS	AMEDD	
17. MILITARY SALARIES AND BENEFITS					
18. CIVILIAN PERSONNEL SALARIES AND BENEFITS					
19. CONTRACTS					
20. SUPPLIES					
21. EQUIPMENT					
22. TDY TRAVEL AND/OR MISSION ESSENTIAL CONFERENCES					
23. MINOR CONSTRUCTION/MODIFICATION					
24. MAJOR CONSTRUCTION					
25. TOTAL OPERATIONAL COSTS					

PART C - PERSONNEL DATA

26a. Position Title	b. Rank or Grade	c. MOS or GS	d. No. of Requirements	e. No. of Authorizations	f. Filled Authorizations	g. Filled Overhire	h. Filled Temporary
Position Title (Cont)	i. Filled Contract	j. Unfilled Recruiting	k. Unfilled Not Recruiting	27. INSTALLATION EFMP MANAGER			
				a. DOES THE INSTALLATION HAVE AN EFMP MANAGER WHOSE PRIMARY RESPONSIBILITY IS TO COORDINATE, IMPLEMENT, AND MONITOR THE INSTALLATION EFMP?			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
				b. INDICATE THE PERCENTAGE OF THE EFMP COORDINATOR'S TIME THAT IS DEDICATED TO EFMP DUTIES. _____			

PART D - SERVICE DELIVERY (ACS)
28. SERVICES PROVIDED

a. TOTAL NUMBER OF SINGLE CONTACTS	c. AWARENESS BRIEFINGS (1) COMMAND (a) NO. OF SESSIONS	(3) COMMUNITY (a) NO. OF SESSIONS	d. EDUCATION AND TRAINING (1) UNIT (a) NO. OF SESSIONS	(3) TOTAL (a) NO. OF SESSIONS
b. CASE MANAGEMENT AND COUNSELING (1) TOTAL CASES	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE
(2) TOTAL INDIVIDUALS	(2) UNIT (a) NO. OF SESSIONS	(4) TOTAL (a) NO. OF SESSIONS	(2) COMMUNITY (a) NO. OF SESSIONS	
(3) TOTAL HOURS	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	

PART D - SERVICE DELIVERY (ACS) (Continued)												
29. PROGRAM SUPPORT												
a. RECREATIONAL PROGRAMS		b. CULTURAL PROGRAMS		c. PARENT SUPPORT GROUPS		d. RESPITE CARE						
NO. OF PROGRAMS	NO. OF PARTICIPANTS	NO. OF PROGRAMS	NO. OF PARTICIPANTS	NO. OF PROGRAMS	NO. OF PARTICIPANTS	(1) NO OF ARMY CERTIFIED RESPITE CARE HOMES						
						ACS	CDS	TOTAL				
						(2) NO. NEW RESPITE HOMES CERTIFIED						
PART E - SERVICE DELIVERY (AMEDD)												
30. UNITED STATES						TOTAL NO. OF PATIENTS SERVED		TOTAL HOURS				
(1) SCREENING OF FAMILY MEMBERS												
(a) ROUTINE HEALTH CARE												
(b) OCONUS FAMILY MEMBER DEPLOYMENT SCREENING												
(2) COMPLETION OF EFMP MEDICAL SUMMARIES												
(3) EVALUATIONS FOR DIAGNOSIS AND CODING												
(4) CODING												
(5) EDUCATION/TRAINING PROVIDED TO HEALTH AND EDUCATIONAL PROFESSIONALS												
(6) INDIVIDUALIZED EDUCATION PROGRAM (IEP) STAFFINGS												
(7) ASSISTANCE VISITS TO MEDICAL DEPARTMENT ACTIVITIES (Medical center teams only)												
(8) ADMINISTRATIVE TIME NOT CALCULATED IN PATIENT VISITS												
31. OUTSIDE OF THE UNITED STATES				TOTAL NO. OF VISITS		TOTAL NO. OF PATIENTS SERVED			TOTAL HOURS			
				ARMY	NAVY	AIR FORCE	OTHER	ARMY		NAVY	AIR FORCE	OTHER
(1) SCREENING OF FAMILY MEMBERS												
(a) ROUTINE HEALTH CARE												
(b) OCONUS FAMILY MEMBER DEPLOYMENT SCREENING												
(2) COMPLETION OF EFMP MEDICAL SUMMARIES												
(3) EVALUATIONS FOR DIAGNOSIS AND CODING												
(4) EVALUATIONS FOR SPECIAL EDUCATION ELIGIBILITY												
(5) CODING												
(6) TREATMENT PERTAINING TO IEP												
(7) EDUCATION/TRAINING PROVIDED TO HEALTH AND EDUCATIONAL PROFESSIONALS												
(8) IEP STAFFINGS												
(9) EDUCATIONAL/MEDICAL CONSULTATIONS (Teachers and Parents)												
(10) ADMINISTRATIVE TIME NOT CALCULATED IN PATIENT VISITS												
				TOTAL NO. OF REPORTS		NO. OF CHILDREN ENROLLED IN EFMP PRIOR TO ASSIGNMENT		NO. OF CHILDREN NOT ENROLLED IN EFMP				
32. REPORTS OF UNAVAILABILITY OF MEDICALLY RELATED SERVICES												

PART F - SERVICE DELIVERY (HOUSING)	
	TOTAL NUMBER
33. EFMP REQUESTS SUBMITTED FOR EXCEPTION TO HOUSING ASSIGNMENT POLICY	
34. EFMP REQUESTS APPROVED FOR EXCEPTION TO HOUSING ASSIGNMENT POLICY	
35. HOUSING UNITS SPECIFICALLY MODIFIED FOR EXCEPTIONAL FAMILY MEMBERS	
(a) AVERAGE COST OF MODIFICATION PER UNIT _____ (Dollars)	
(b) AVERAGE TIME REQUIRED TO COMPLETE MODIFICATION _____ (Days)	
PART G - SERVICE DELIVERY (CPO)	
36. CIVILIAN EMPLOYEES PROCESSED FOR AN ASSIGNMENT OUTSIDE THE UNITED STATES	
37. CIVILIAN EMPLOYEES IDENTIFIED AS HAVING A DEPENDENT CHILD WITH SPECIAL EDUCATION AND MEDICALLY RELATED SERVICE NEEDS RELOCATING OUTSIDE THE UNITED STATES	
38. CIVILIAN EMPLOYEES IDENTIFIED AS HAVING FAMILY MEMBERS WITH MEDICAL NEEDS RELOCATING OUTSIDE THE UNITED STATES	
PART H - PROGRAM SYNOPSIS	
39. PROGRESS	
40. PROBLEM AREAS	
41. PROJECTED CHANGES	